

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: VERTEBRAL OSTEOSYNTHESIS EQUIPMENT
Attorney Docket Number:: 0573-1025
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 1
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-LUC
Middle Name::
Family Name:: CLEMENT
Name Suffix::
City of Residence:: LA COLLE SUR LOUP
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 230, CHEMIN MONTFORT
Address::
City of Mailing Address:: LA COLLE SUR LOUP
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06480

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: VINCENT
Middle Name::
Family Name:: FIERE
Name Suffix::
City of Residence:: LYON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 50 BD DES BELGES
Address::
City of Mailing Address:: LYON

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69006

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: TAYLOR
Name Suffix::
City of Residence:: CANNES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: VILLA PORALTO
Address:: 25 AVENUE DE PORALTO
City of Mailing Address:: CANNES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: YVES
Middle Name::
Family Name:: ADAM
Name Suffix::
City of Residence:: AUTHIE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 4 ROUTE DE SAINT LOUET

Address::

City of Mailing Address:: AUTHIE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-14280

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: BERNARD
Middle Name::
Family Name:: VILLARET
Name Suffix::
City of Residence:: CROIX-CHAPEAU
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 20, RUE DE SALLES
Address::
City of Mailing Address:: CROIX-CHAPEAU
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-17220

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage	PCT/IB2004/002395	6/24/04
PCT/IB2004/002395	An application claiming the benefit under 35 USC 119(e)	60/490,516	7/29/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/07779	6/27/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::